

Dual Membership

Twice the opportunity. Twice the service.

National Middle School Association

Middle School Journal— Five issues a year

Middle Ground Magazine—Four issues a year

Middle E-Connections—monthly e-newsletter

The Family Connection—Four issues a year

MiddleTalk Listserve—on-line collaboration

Member Access to www.nmsa.org

Professional Development Discounts to all NMSA events

Bookstore Discounts—20% off all NMSA books and products

Voting for Board of Trustees and NMSA leadership

Minnesota Middle School Association

Annual state conference

Web site, www.mmsa.info

Consultant directory

Newsletters

Mini-grant opportunities

Individual and team recognitions

Dual Membership Form

National Middle School Association and Minnesota Middle School Association



Name Mr. Ms. Dr. _____

Job Title: (choose one) Principal Asst. Principal Superintendent/Asst Superintendent
 Central Office Curriculum Guidance/Advisory Library/Media Specialist
 School/Organization State Department Head Technology Teacher
 University Administrator University Professor Other _____

Institution _____

Work Address _____

City _____ State/Province _____

Zip/Postal Code _____ Work Phone (____) _____

Fax (____) _____ Phone (____) _____
 home cell

E-mail _____
(Required to receive online benefits. NMSA will not sell your e-mail address to other organizations.)

May we share your name with organizations requesting our mailing list? Yes No

Demographics

How long have you been in the education field? 0–4 years 5–9 years 10–14 years
 15–19 years 20–24 years 25–29 years 30+ years

If you are a classroom teacher, check all that apply: Art Foreign Language Language Arts
 Math Music Physical Education/Health Science Social Studies
 Special Needs Technology Other _____

Fees

\$90— Membership to National Middle School Association and Minnesota Middle School Association
\$5 savings with dual membership purchase.

Payment Complete payment must be received with registration form.

Total Payment \$ \$90

Check—Payable to NMSA in U.S. funds. (\$20 fee for returned checks)

Valid Purchase Order enclosed. PO# _____

Visa MasterCard American Express Discover

Card # _____

Exp. Date (mm/yy) _____ CSV# _____

Cardholder Name (please print) _____

Authorized Signature _____

\$2.00 of your membership will be contributed to the NMSA Foundation. Check this box if you do not wish to make this contribution, and this amount will be refunded.